THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The detail of the death cases during the last three years in AIIMS, New Delhi is as under:

Year	Total deaths	Gross (crude death rate (%)	Net Death rate (%)
2001-2002	2712	3.8	2.6
2002-2003	2846	3.7	2.8
2003-2004	2817	3.7	2.8

While calculating net death rates, the deaths which occurred within 48 hours of admission have not been taken into account. The above death rate at the institute is comparable to international standards.

(c) and (d) Health being, a State subject, it is the responsibility of the respective State Government to take necessary steps to provide free emergency medical facilities in all the Government hospitals, private hospital and nursing homes in the State. In so far as Central Government hospitals in Delhi are concerned, all the emergency facilities are provided free of cost. There is also in-built mechanism both within the Central Government hospitals and the department of health to ensure that the standard of health care facilities provided in these hospitals is maintained.

Shortage of PHCs in the country

†265. SHRIMATI SAVITA SHARDA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that there is acute shortage of Primary Health Centres in the country;

(b) if so, the reasons therefor;

(c) total number of Primary Health Centres in the country at present;

(d) whether there is acute shortage of health related facilities in the Primary Health Centres in the country; and

(e) if so, steps proposed to be taken by Government to overcome the shortage?

†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Government is aware that there is a shortfall of 1714 Primary Health Centres (PHCs) in the country upto 31-3-2003 as per 1991 population. The shortfall is mainly in Assam, Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh and West Bengal.The establishment and maintenance of PHCs is the responsibility of respective State Governments.

(c) There are 22926 PHCs functioning in the country as on 31-3-2003.

(d) The Facility Survey conducted in two phases in 1999 and 2003 has revealed that there is a shortage of trained health functionaries and health infrastructure in PHCs in the country.

(e) The Health Care Institutions in rural areas are set up as well as managed by State Governments. Government of India supplements the efforts of the State Governments to strengthen these services through following interventions.

(i) Under the State Health Systems Project, the Community Health Centres and District Hospitals are being upgraded and better equipped to provide quality health services to people in rural and backward areas.

(ii) Under the Pradhan Mantri Gramodaya Yojana, specific funds are allocated towards the repair and renovation of the public health infrastructure, purchase of drugs and essential consumables as well as towards contingencies.

(iii) Area Development Projects are being implemented with financial assistance from external agencies for addressing gaps in integrated service delivery through the construction of buildings for sub-centres, Primary Health Centres and Community Health Centres.

(iv) Under the Reproductive and Child Health Programme, the following steps have been taken to strengthen the primary health services in the country:

- Major Civil Works for repair/construction of OT/Labour Room.

- Provision of equipments/medicine for emergency/obstetric care at first referral units.
- Financial assistance for contractural appointments/hiring of Anesthetists/Gynaecologists/Safe Moherhood consultants/ Staff Nurses/Lab. Technician, Additional ANMs etc.
- Skill based in-service training for capacity building of ANMs and other health functionaries.
- Outreach of health care services through Reproductive and Child Health camps.

Integrated Disease Surveillance Project

266. SHRI K. RAMA MOHANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are thinking of appointing a private consultant to determine the exact number of AIDS patients in the country;

(b) if so, by when Government are going to launch Integrated Disease Surveillance Project; and

(c) the States which are going to be covered under the project?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, sir. Government has decided to undertake an assessment of National AIDS Control Programme by an indepedent agency. The objective of the assessment is to judge the quality and accuracy of HIV estimation process and also review the structure and functioning of National AIDS Control Programme in the country.

(b) Government had already launched Integrated Disease Surveillance Project on 8th November, 2004.

(c) All States/UTs will be covered in the project in a phased manner. During Phase I (2004-2005), nine States namely Andhra Pradesh, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Uttaranchal, Tamil Nadu, Mizoram and Kerala will be covered.